Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01/21/2009</u>	Address:	5126 S Alexander Hill Rd
Case #:	34F34829		Washington, IN 47501
County:	<u>Daviess</u>		
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
	onal Lab :al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) [Insert in the content of t			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Outbuildings			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Basement, Outbuilding			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		 Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Criminal Investigation 	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Washington Twp	Fax:	
Health Department: Daviess County		Fax: <u>812-254-8643</u> Fax: <u>812-2</u> 54-9754	
Child Prote	ction Service: <u>Daviess County</u>	- 40. <u>012-2</u>	<u> </u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Bill Dougherty Phone 812-254-1060			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.